

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

VETBOARD.AZ.GOV

received
6/8/20

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: June 8, 2020 Case Number: 20 - 118

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Polina Vishkautsan AND Pamela Drake
Premise Name: Veterinary Specialty Center Tucson AND New Frontier Animal M
Premise Address: 4909 N La Cañada Dr, AND 2045 Paseo San Luis, Sierra Vist
City: Tucson AND Sierra \ State: AZ Zip Code: 85704
Telephone: (520) 795-9955

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Monica Anne Odgers
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Ernie
Breed/Species: English bulldog
Age: 9 Sex: Male Color: Brindle & White

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Jessica Bertrand, VCA Apache animal Hospital, 1700 AZ-92, Sierra Vista, AZ 85635, (520) 458-0930

Polina Vishkautsan, Veterinary Specialty Center Tucson (VSCOT), 4909 N La Cañada Dr, Tucson, AZ 85704, (520) 795-9955

Pamela Drake, New Frontier Animal Hospital, 2045 Paseo San Luis, Sierra Vista, AZ 85635, (520) 459-0433

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Due to Covid19, I was practicing social distancing and safety, and was home with Ernie.

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Monica Anne Odgers

Date: June 8, 2020

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

June 8, 2020

I am writing this letter to make you aware of, and have restitution for, the inexcusable lack of communication, negligent, gross dereliction of responsibilities, and life threatening misinformation from two Arizona veterinarians which is the reason my beloved English bulldog, Ernie, was not helped, but rather, was euthanized.

Vet #1: Polina Vishkautsan, Veterinary Specialty Center Tucson (VSCOT), 4909 N La Cañada Dr, Tucson, AZ 85704

Vet #2: Pamela Drake, New Frontier Animal Hospital, 2045 Paseo San Luis, Sierra Vista, AZ 85635

Vishkautsan and Drake are responsible to give me another AKC purebred brindle & white male English bulldog puppy from a reputable breeder whom I can remain in contact and visit. (Not an "Olde" English). Or \$2,800-\$5,000 for me to find another AKC purebred English bulldog.

Vishkautsan and Drake are responsible to reimburse me of all fees pertaining to Ernie.

Professionals, "specialist" Vishkautsan and Drake insisted Ernie had cancer, yet his biopsy report came back:

"R/O Carcinoma" (Rule Out), "I did not see any malignant tissue."

Ernie was euthanized by Pamela Drake, who I was led to believe, had listened to Polina Vishkautsan,

Ernie's non cancerous biopsy report came hours earlier the day that Drake, at New Frontier, euthanized Ernie that night, insisting he was suffering (from cancer).

The "specialist" vet Polina Vishkautsan , never called me, emailed me, contacted me in any way, nor had anyone in her facility contact me, to tell me Ernie did not have cancer, when his biopsy report came in Wednesday afternoon, May 20.

The "specialist" vet Polina Vishkautsan never contacted me again, ever, since Tuesday evening, May 19.

The "specialist" vet Polina Vishkautsan never contacted me again, ever, about her patient Ernie that she insisted had aggressive cancer.

The "specialist" vet Polina Vishkautsan , perhaps did not called Drake at New Frontier, nor emailed or contacted her in any way to tell her Ernie's biopsy report states: "R/O Carcinoma" (Rule Out), "I Did Not See Any Malignant Tissue" and tell her not to euthanize him because of cancer. Drake, as her professional responsibility, did not verify the biopsy report on her own.

Series of events: Ernie had a nasal issue. After treating with antibiotics and dental work, the VCA Apache Animal Hospital, Sierra Vista, vet suggested that I take Ernie to a "specialist" veterinarian at Veterinary Specialty Center Tucson (VSCOT), in Tucson who had CT scan and rhinoscopy equipment.

I took Ernie to the Veterinary Specialty Center Tucson (VSCOT), Friday morning, May 15.

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

June 8, 2020

I am writing this letter to make you aware of, and have restitution for, the inexcusable lack of communication, negligent, gross dereliction of responsibilities, and life threatening misinformation from two Arizona veterinarians which is the reason my beloved English bulldog, Ernie, was not helped, but rather, was euthanized.

Vet #1: Polina Vishkautsan, Veterinary Specialty Center Tucson (VSCOT), 4909 N La Cañada Dr, Tucson, AZ 85704

Vet #2: Pamela Drake, New Frontier Animal Hospital, 2045 Paseo San Luis, Sierra Vista, AZ 85635

Vishkautsan and Drake are responsible to give me another AKC purebred brindle & white male English bulldog puppy from a reputable breeder whom I can remain in contact and visit. (Not an "Olde" English). Or \$2,800-\$5,000 for me to find another AKC purebred English bulldog.

Vishkautsan and Drake are responsible to reimburse me of all fees pertaining to Ernie.

Professionals, "specialist" Vishkautsan and Drake insisted Ernie had cancer, yet his biopsy report came back:

"R/O Carcinoma" (Rule Out), "I did not see any malignant tissue."

Ernie was euthanized by Pamela Drake, who I was led to believe, had listened to Polina Vishkautsan,

Ernie's non cancerous biopsy report came hours earlier the day that Drake, at New Frontier, euthanized Ernie that night, insisting he was suffering (from cancer).

The "specialist" vet Polina Vishkautsan , never called me, emailed me, contacted me in any way, nor had anyone in her facility contact me, to tell me Ernie did not have cancer, when his biopsy report came in Wednesday afternoon, May 20.

The "specialist" vet Polina Vishkautsan never contacted me again, ever, since Tuesday evening, May 19.

The "specialist" vet Polina Vishkautsan never contacted me again, ever, about her patient Ernie that she insisted had aggressive cancer.

The "specialist" vet Polina Vishkautsan , perhaps did not called Drake at New Frontier, nor emailed or contacted her in any way to tell her Ernie's biopsy report states: "R/O Carcinoma" (Rule Out), "I Did Not See Any Malignant Tissue" and tell her not to euthanize him because of cancer. Drake, as her professional responsibility, did not verify the biopsy report on her own.

Series of events: Ernie had a nasal issue. After treating with antibiotics and dental work, the VCA Apache Animal Hospital, Sierra Vista, vet suggested that I take Ernie to a "specialist" veterinarian at Veterinary Specialty Center Tucson (VSCOT), in Tucson who had CT scan and rhinoscopy equipment.

I took Ernie to the Veterinary Specialty Center Tucson (VSCOT), Friday morning, May 15.

June 8, 2020

I am writing this letter to make you aware of, and have restitution for, the inexcusable lack of communication, negligent, gross dereliction of responsibilities, and life threatening misinformation from two Arizona veterinarians which is the reason my beloved English bulldog, Ernie, was not helped, but rather, was euthanized.

Vet #1: Polina Vishkautsan, Veterinary Specialty Center Tucson (VSCOT), 4909 N La Cañada Dr, Tucson, AZ 85704
(520) 795-9955

Vet #2: Pamela Drake, New Frontier Animal Hospital, 2045 Paseo San Luis, Sierra Vista, AZ 85635
(520) 459-0433

Polina Vishkautsan insisted that Ernie had cancer and to euthanize. His biopsy report states: "R/O Carcinoma" (Rule Out), "I did not see any malignant tissue."

Vishkautsan and Drake are responsible to give me another AKC purebred brindle & white male English bulldog puppy from a reputable breeder whom I can remain in contact and visit. (Not an "Olde" English). Or \$2,800-\$5,000 for me to find another AKC purebred English bulldog.

Vishkautsan and Drake are responsible to reimburse me of all fees pertaining to Ernie.

Professionals, "specialist" Vishkautsan and Drake insisted Ernie had cancer, yet his biopsy report came back: "R/O Carcinoma" (Rule Out), "I did not see any malignant tissue."

Ernie was euthanized by Pamela Drake, who I was led to believe, had listened to Polina Vishkautsan,

Ernie's non cancerous biopsy report came hours earlier the day that Drake, at New Frontier, euthanized Ernie that night, insisting he was suffering (from cancer).

The "specialist" vet Polina Vishkautsan , never called me, emailed me, contacted me in any way, nor had anyone in her facility contact me, to tell me Ernie did not have cancer, when his biopsy report came in Wednesday afternoon, May 20.

The "specialist" vet Polina Vishkautsan never contacted me again, ever, since Tuesday evening, May 19.

The "specialist" vet Polina Vishkautsan never contacted me again, ever, about her patient Ernie that she insisted had aggressive cancer.

The "specialist" vet Polina Vishkautsan , perhaps did not called Drake at New Frontier, nor emailed or contacted her in any way to tell her Ernie's biopsy report states: "R/O Carcinoma" (Rule Out), "I Did Not See Any Malignant Tissue" and tell her not to euthanize him because of cancer. Drake, as her professional responsibility, did not verify the biopsy report on her own.

Series of events: Ernie had a nasal issue. After treating with antibiotics and dental work, the VCA Apache Animal Hospital, Sierra Vista, vet suggested that I take Ernie to a "specialist" veterinarian at Veterinary Specialty Center Tucson (VSCOT), in Tucson who had CT scan and rhinoscopy equipment.

I took Ernie to the Veterinary Specialty Center Tucson (VSCOT), Friday morning, May 15.

Dr. Vishkautsan took xrays, etc.

Later that same day, Friday, May 15, Vishkautsan called me and told me that Ernie had an “inoperable” “cancerous” tumor in his nasal area.

She said these tumors are very common in cats and dogs.

I asked if it could be benign.

Vishkautsan said “no.”

Vishkautsan insisted “Every tumor is cancerous.”

Vishkautsan said she could show me the xray. (I was now in Sierra Vista, 1.5 - 2 hours away from her clinic).

Vishkautsan said radiation would be \$10,000 and Ernie could possibly live for months, to a year.

As I was crying at this devastatingly sad news of cancer, I said I didn’t have that (\$10,000) (right now).

Vishkautsan said that I could pick-up Ernie the next day, Saturday, May 16, 2020.

That was all she told me.

Vishkautsan never told me about the procedures or of any side effects and/or discomfort Ernie might have from the procedures or how many days he might be displaying signs of effects from the procedures.

Vishkautsan never told me that bulldogs can get pneumonia from the procedures.

Vishkautsan never told me what symptoms to look for if he gets worse.

Vishkautsan never told me how much time Ernie had to live due to aggressive cancer.

The next day, on Saturday, May 16, 2020, I drove to VSCOT, Tucson, to get Ernie.

Vishkautsan never called me or spoke with me, , while I waited (for Ernie) in the parking lot, which is customary for veterinarians to do during Covid 19.

After I paid approximately \$2,500.00, No communication. Nothing.

A tech brought Ernie out and said “if he gets a bloody nose from the procedures - call us, we are here 24/7.” That is all the tech told me about Ernie’s procedures/side effects.

Ernie had a rough night Saturday night. From the procedures? i dont know. No one told me anything except cancer!

I called Vishkautsan, Sunday morning. She never called me back.

I called Vishkautsan, Monday morning. She never called me back.

In this day of communication at our fingertips with texting, emailing and phone calls, there is no excuse for a vet not to call a patient back or have someone in their facility call them back about their “alleged cancerous” dying dog – hence, not responding to my calls for days.

Vishkautsan, finally returned my calls, days later, on Tuesday May 19 .

Vishkautsan had not spoken with me since Friday, May 15 (four days), yet - sent home an allegedly cancerous dying dog, without any information besides cancer and took days to return my calls.

Vishkautsan now told me, four days later, that Ernie, in addition to having an aggressive cancerous nasal tumor, also has an “operable” tumor in his throat (she never mentioned that before).

Vishkautsan never made an appointment with me as to do the surgery.

Vishkautsan never told me the price of the throat surgery.

Vishkautsan never mentioned the ‘operable’ ‘throat’ tumor -or- to do the surgery while Ernie was already at her clinic in Tucson, on Friday, May 15, and already under anesthesia.

Vishkautsan told me that Ernie had aggressive cancer, only had had a few days to live, and advised euthanization.

Tuesday night, May 19, Ernie had difficulty breathing. From his procedures? I don’t know. No one told me anything except cancer.

I held him with my arms in a position so he could breathe better- and he slept.

I was extremely upset and worried about Ernie and determined to get help for him.

I didn’t want Ernie to suffer from cancer.

Early Wednesday morning, May 20, going on the only information I had received from Vishkautsan (cancer),

I called vets in Sierra Vista to see who could do the alleged “throat tumor” removal surgery.

One of the many vets I called suggested that I call New Frontier Animal Medical Center in Sierra Vista.

I called New Frontier and asked if they could do the throat tumor surgery.

They said “Yes,” and to bring Ernie in that evening, May 20, at 6pm.

When Ernie and I arrived, we sat outside on the grass under a tree.

Although he had had ‘ups-and-downs’ the past few days since his procedures, Ernie was breathing beautifully. He was very happy and content. His “happy-go-lucky” self.

In that May 20, 6pm evening appointment at New Frontier, vet Pamela Drake, said she obtained the information about Ernie, from Dr. Vishkautsan in Tucson, and “”said”” that she “”read/reviewed it.””

Pamela Drake told me she couldn’t/wouldn’t do the surgery. He had cancer.

If Drake reviewed any records from VSCOT she would have known a biopsy was taken, and there was no mention of confirmed cancer.

Pamela Drake said to euthanize Ernie, “you don’t want to make him suffer. “

Pamela Drake told me that Vishkautsan said that I refused radiation for Ernie.

(I never “refused” it. I said I didn’t have that the\$10,000 in that instant of shock at the news of cancer).

Pamela Drake told me that Vishkautsan said that I refused the throat surgery.

The throat surgery that I just found out about the previous evening, four days late, and is why I came to New Frontier, begging Drake to do the surgery.

I never “refused” throat surgery, the surgery is why I made this appointment and was begging Drake to do.

I begged Drake to help Ernie breathe better.

Ernie had been eating and eliminating just wonderfully.

In that stuffy small room, Ernie was having trouble breathing, It appeared he was passing out at one point.

(My bulldogs have always had difficulty breathing in small closed office rooms).

Ernie had been breathing just fine - as we waited outside.

Drake never suggested that Ernie could have trouble breathing, being a bulldog, after the xrays/tubes down his nostrils and throat and the cutting out of biopsy tissues/procedures.

Drake never suggested examining Ernie and/or checking for Tracheal Hypoplasia (common in bulldogs).

Drake never suggested Ernie is still adjusting to the altitude as we recently moved to AZ from WI.

Drake never suggested to help Ernie with 'oxygen' until she verified and confirmed the biopsy report about Ernie not having cancer which was submitted earlier that day.

Drake never tried to contact or communicate with Ernie's regular vet at VCA Apache Animal Hospital.

Drake never suggested anything to try to make Ernie more comfortable or help him.

I was only told "cancer" and "euthanization."

Ernie's entire life was not worth 15 minutes to Drake to do anything to help Ernie, to check medical records/history, call his regular vet, try oxygen, verify the biopsy report, anything... to help Ernie.

The only thing Drake could think of was euthanize for \$327.00

without verifying medical records/ history, without contacting his regular vet, without thoroughly examining him, or verify his biopsy report, before she took his life... forever.

Making sure I paid \$327 in advance...

Drake said that I knew what I had to do, I had to do the right thing, and not let him suffer..

Sobbing, I agreed, because Vishkautsan and Drake insisted Ernie had aggressive cancer and is suffering and to euthanize.

Drake gave Ernie a sedative and he was breathing beautifully.

I asked "why is he breathing so nicely now?"

Drake quickly slipped the other needle into Ernie and ended his life.

Dr. Vishkautsan never contacted me, nor sent the biopsy report to me earlier that day on May 20, 3pm, that my dog Ernie was not cancerous.

Vishkautsan never sent the results of the biopsy to me, ever. Ever.

Vishkautsan never contacted me since Tuesday, May 19, to check up on her patient, Ernie, ever. Ever.

Unbeknownst to me/Ernie's biopsy report from earlier that day, May 20:

Wednesday afternoon, May 20, 2020 at 3:02 pm

"R/O Carcinoma" (Rule Out)

"I did not see any malignant tissue"

Later that evening at New Frontier, during my 6pm appointment on Wednesday night, May 20 2020 after the biopsy report had already come back non cancerous, Drake made \$327 to euthanize Ernie.

Had Dr. Vishkautsan done her professional responsibility to inform me of the non cancerous biopsy report at 3pm on May 20, I never would have taken Ernie to New Frontier where Drake insisted he was suffering from cancer and euthanized him, when he did not have cancer.

Vishkautsan obviously did not make any attempt to call Drake to let her know about the non cancer biopsy report and to stop the euthanization.

Dr. Vishkautsan never sent me the biopsy report on May 20 at 3pm, nor made any attempt to contact me to tell me Ernie did not have cancer.

I had been so worried about Ernie since Dr. Vishkautsan insisted that Ernie had cancer on May 15. He was euthanized on May 20, after the NON cancerous biopsy report came in.

The professional duty and humane thing to do was to let me know that Ernie did not have cancer. Vishkautsan never contacted me.

Vishkautsan has not contacted me since Tuesday, May 19, when she persisted and insisted Ernie had cancer.

Because Dr. Vishkautsan insisted that Ernie had cancer (a bad disease) on May 15, and on May 19, the only times she communicated with me, a series of events led to Ernie being euthanized instead of being helped.

Because Vishkautsan insisted that Ernie had “cancer,” and did not communicate anything to me, nor return my calls for days, I thought he was suffering from cancer and I had to find help for him.

Because Vishkautsan never told me the side effects of the procedures on Ernie, just cancer, I was led to believe he had aggressive cancer as she insisted.

Vishkautsan never contacted me with the non cancerous biopsy report on May 20.

I then went to another vet, Drake at New Frontier, who somehow knew about “alleged” cancer and told me I had to euthanize him.

Ernie did not have cancer.

None of his medical reports mention confirmed cancer anywhere.

I find it to be unethical and cruel to insist a patient has cancer without proof from a biopsy and not return phone calls for days regarding an alleged cancerous dying dog patient, nor offer any information besides cancer.

And when the non cancerous biopsy report arrives, never to contact me to let me know Ernie does not have cancer. To cause someone to be traumatized with erroneous mis-information is unethical and cruel!

And perhaps Vishkautsan to to tell Drake that Ernie has cancer and Drake euthanizes him! when he could have been helped.

Because Vishkautsan insisted cancer, without proof, my beloved Ernie's precious life was ended for \$327, instead of any helpful options that a 'professional' 'conscientious' veterinarian would have suggested or tried.

The next day, Thursday, May 21, I called Ernie's regular vet at VCA Apache Animal Hospital in Sierra Vista. They said they received Ernie's "biopsy report" from Tucson and were so happy Ernie's biopsy came back non cancerous.

I was shocked to hear that news that Ernie was non cancerous after already Drake euthanized him because of cancer!

Vishkautsan never informed me that Ernie did not have cancer.

For several days, as I had been told by Vishkautsan and then Drake, I was led to believe that Ernie had cancer.

I told VCA Apache Animal vet that I was told by Polina Vishkautsan and Pamela Drake to euthanize Ernie because they insisted that Ernie had cancer.

They were shocked.

They said Ernie could have been helped.

That he, being a bulldog, was having difficulty breathing from the procedures and just needed oxygen.

They also said that they did not see any indication of a throat tumor in Ernie's records.

My vets for Ernie in WI were also shocked when they heard of the horrific incompetent circumstances in Ernie's death.

Why did Dr. Vishkautsan insistently tell me that Ernie had cancer before verification with the biopsy report?

Why did Vishkautsan not return my calls for days regarding her patient- an alleged cancerous dying dog?

Why, if she can't communicate, did Vishkautsan not have anyone from her clinic return my calls for days regarding her patient- an alleged cancerous dying dog?

If Ernie's biopsy was non cancerous, why did Vishkautsan want me to pay \$10,000 for radiation?

Why did Vishkautsan not tell me that Ernie could have had surgery until four days later after his xrays/procedure when she could have done the surgery while Ernie was already under anesthesia!

Was it because Vishkautsan insisted Ernie had aggressive cancer anyway, so why bother with surgery?

Why did Vishkautsan not contact me or have someone contact me on the afternoon of May 20, to let me know Ernie did not have cancer? yet led me to continue to worry and try to find help for Ernie.

Why did Drake, at New Frontier, tell me Ernie had cancer and I had to euthanize him? After the biopsy report states that Ernie did not have cancer?

What are the procedures and criteria in place for steps a vet needs to take before euthanizing a pet? Before taking a life, forever!

Confirmed cancer was nowhere in Ernie's medical records that Drake said she reviewed.

Would it not be prudent for Drake to take a mere 15 minutes to inquire about anything about Ernie before she took his life?

Why didn't Drake ask about Ernie's history? Ask anything about Ernie? Ask for his records from his regular vet?

Why didn't Drake contact his vet at VCA Apache? Why didn't Drake try any options, anything to help Ernie, before she took his life, forever.

If Drake actually reviewed Ernie's records from VSCOT she would have seen that Ernie did not have cancer.

If Drake actually reviewed Ernie's records from VSCOT she would have seen "R/O carcinoma" (Rule Out), "I did not see any malignant tissue."

Did Vishkautsan or Drake know anything about the unique health concerns regarding English bulldogs?

Ernie had been extremely healthy. During his entire life, every treat, everything he ate was nutritious and without any questionable ingredients. My other bulldogs have lived to be as old as 14.5 years old.

Please inform me regarding the consequences of the unconscionable lack of communication, negligence, incompetent misinformation, and lack of professionalism while I was paying and trusting my beloved furry toddler to alleged “professional” and/or “specialist” veterinarian “care.”

Will you continue to allow “professional” veterinarians to not be held accountable for their lack of communication, lack of investigating/verifying health records/history, lack of concern of life, and misinformation in misguiding their clients to the extent of causing death to their beloved pet?

Will you continue to allow other pets to be euthanized without consulting/verifying medical records?

Will you continue to allow “the standard of care” and acceptable for veterinarians to be insistent regarding life threatening misinformation, and euthanize, “end the life” of a beloved family member/pet because of said insistent erroneous misinformation, and refuse any other possible options to help the animal?

Please inform me as to why it is acceptable for paying client pet-owners to be forced to accept this inconceivable lack of communication, life threatening, erroneous misinformation, and negligence as the “standard of care” without any accountability or consequences for the veterinarians who are negligent to the extent of causing death to a loved one.

Thank you,

Monica Anne Odgers

RECEIVED
JUL 09 2020

6-29-2020

BY:

Arizona State Veterinary Medical Examining Board

To whom it may concern,

Re: letter of complaint 20-118 ("Ernie" Odgers)

Ernie was 9y MN English Bulldog. I met Ernie for the first time on 5-13-2020. At that time we were observing rules of COVID19 social distancing in the clinic. Patients were brought into the clinic by the nurses. Ernie presented for an initial internal medicine consultation appointment for discharge from the right nare that was reported to have started about 3 months ago. I performed a physical examination, reviewed the existing medical records forwarded to us from primary/other veterinarians and then I called Monica Odgers to go over medical history and discuss the case. Ernie's physical examination was unremarkable that day apart for thick whitish nasal discharge from right nare. I discussed with Monica over the phone that Ernie's medical problem is chronic nasal discharge. I explained to Monica possible causes can be nasal neoplasia, nasal foreign body, nasal fungal disease (mostly mold infections like aspergillosis), chronic inflammatory disease (lymphocytic plasmacytic rhinitis), dental disease, rarely benign polyps. I recommended CT scan of the head followed by rhinoscopy +/- biopsies as indicated. I discussed with Monica that the procedure would be done under general anesthesia. I explained to Monica that when I collect nasal biopsies, the pets stay over the night for respiratory observation since there is inevitable bleeding as a result of the procedure. I explained that the nasal bleeding usually lasts 1-2 days and then subsides.

Monica showed interest in pursuing the procedure. We were going to schedule the procedure the following week (Thursday, 5-21-2020) based on our procedure time availability. Monica got upset at that and mentioned that she does not think that Ernie can last that long since he is already having hard time breathing, especially at night. Monica claimed it is hard for Ernie to find a position that was comfortable for sleeping and he would wake up and appear uncomfortable during the night. I promised Monica that we will try to find a time slot for Ernie to expedite his procedure if we have openings in our schedule.

An opening indeed appeared in our schedule on Friday May 15th. We provided Monica with a detailed estimate for the anticipated procedure which she accepted. Attached is a summary of Sandra Gomez, CVT (IM nurse) about her communications with Monica.

On the day of the procedure (5-15-2020) we performed a minimal blood check to make sure blood levels, electrolytes and renal functions are within normal limits for anesthesia and imaging contrast administration safety. Ernie's blood tests were normal. CT scan was performed and showed a right sided nasal mass with near complete obstruction of the nasopharyngeal canal. I opted to forgo the rhinoscopy since it is not of use in large mass situations. I proceeded to collect blind nasal biopsies from the right nasal passage based on measurements and location obtained from the CT scan. I opted not to try and collect biopsies from the naso-pharyngeal mass because they require the use of a flexible endoscope that allows passage of very small biopsy forceps. As a result we usually obtain very small and most often superficial biopsies that have a higher chance of being non diagnostic. There is usually marked inflammation and irritation of the soft palate during this process and that exacerbates breathing in brachiocephalic breeds. I was hopeful I could obtain a diagnosis from the nasal biopsies.

At this point our main differential diagnosis was nasal neoplasia based on Ernie's signalment, medical history, clinical signs and CT scan findings. I called Monica while Ernie was under anesthesia finishing his CT scan procedure and informed her of the findings. Humane euthanasia was offered as an option because of the severity of air flow obstruction by the mass. I mentioned to Monica that surgery will not be a good option for Ernie because of the location of the mass and my experience with previous cases when we attempted naso-pharyngeal debulking using an endoscope. Monica declined humane euthanasia.

I explained those findings to Monica and emphasized that Ernie is having a very hard time breathing through his nose, not because of the right nasal mass, but because of the mass in the naso-pharyngeal area. From my long experience (started IM residency in 2004) explaining nasal diseases to owners I do know that most people have a hard time understanding the anatomic structure, location and importance of the naso-pharynx. I have offered Monica to come in building or have a ZOOM meeting with me so I can explain to her the severity of Ernie's mass location and how it compromises his breathing. Monica flatly refused to meet and look at the CT images.

Ernie did well under general anesthesia and during the procedure. He had a good recovery from procedure and was kept for observation over night. During his stay in the hospital he appeared to be comfortable, was breathing well, had normal vitals and ate well several times. He was discharged to go home with clavamox and carprofen on May 16th 2020. Ernie was discharged with medications and discharge instructions that detailed possible side effects, instructions and my personal email. Although Saturdays are my day off I came to the hospital and examined Ernie to make sure he was doing well and fit to go home. At no point did we give Monica the expectation I would meet or communicate with her on Saturday. Once I found Ernie to be in good shape, that information was communicated to Monica by a liaison who coordinated Ernie's discharge.

On May 19th 2020, the nasal biopsies came back unfortunately non diagnostic. The samples I collected came back as chronic lymphocytic plasmacytic rhinitis with marked sub mucosal gland hyperplasia, cartilage and lamellar bone. I reported those findings to Monica on May 19th 2020, the same day they came in, during a phone call. I documented that call in the enclosed record. I did emphasize to Monica that we do not have a definitive diagnosis. I explained that I could obtain a new biopsy sample by a different technique. Monica flatly refused to consider repeated biopsy sample collection. I did not have a chance to even explain to her that in the rare situations I need to repeat a procedure I do not charge again. Monica stated she does not want another procedure because she does not want to put Ernie through it. Monica was upset since she did not previously understand that Ernie had another tumor in his "throat". I tried very hard to explain to Monica again that the main mass that is obstructing Ernie's airway is in his nasopharynx, which she kept referring to as throat. That same day I also emailed Monica my report that included the nasal biopsy report findings of "chronic lymphocytic plasmacytic rhinitis with marked sub mucosal gland hyperplasia, cartilage and lamellar bone."

I did not tell Monica that Ernie had cancer. However, we did discuss that despite the lack of tissue diagnosis my main differential was still nasal cancer, primarily nasal carcinoma. I discussed possible treatment options for nasal carcinoma with Monica. I explained that the main treatment modality is radiation therapy. I also discussed palliative radiation versus definitive radiation. Monica expressed to me the concern for costs as well, and that was one of the reasons I mentioned to her possible costs of various approaches so she can incorporate them into her decision process. The sum of

\$10K that Monica remembers is the usually quoted sum for definitive radiation options, palliative radiation is significantly less so. We do not perform radiation treatments in our clinic but I try to give owners some financial idea of what to expect. I explained to Monica that surgery was not a good option because of the invasivity and low yield of the procedure. My 5-19-2020 email to Monica is enclosed.

All of Ernie's medical records were forwarded to the primary veterinarian on record. This veterinarian is identified and registered by Monica.

I did not recommend that Monica seek immediate euthanasia for Ernie. I explained to her that I have dogs with nasal carcinoma that are still alive a year after diagnosis as long as they do not have hard time breathing. We discussed palliative care as long as he is comfortable and when he is not comfortable to consider humane euthanasia. While I usually meet in person and go over the imaging and do anatomic drawings, we were inhibited by COVID 19 regulations. Still, I provided Monica with the option of viewing the CT scan with me or doing a ZOOM talk with me, which she declined. I truly do not know what I could have done more to impress on Monica Ernie's condition. I was very careful to try and explain that I did NOT have a conformation of malignant cancer for Ernie and that I was happy to try and obtain another biopsy for her peace of mind.

On May 24th I had to leave the US to fly and be with my father who was diagnosed that day with terminal cancer and since that day I am with him and my family. The care of my patients was transferred to their primary doctors and our emergency department.

I am aware of the added challenge of communication with clients during COVID19 and social distancing rules. In my specialty communication is key. I try to substitute phone calls with ZOOM and I always provide my email to my clients so they have fast and convenient access. My email appears on all my discharge instructions and Monica received it as well when she picked Ernie from the hospital. Contrary to Monica's complaint, as noted above, and in the medical record, I emailed Monica on May 19th (after first verifying her email account with her) with the results of the biopsy and I discussed them with in great detail. My summary and my discussion with Monica on May 19th were clear that while cancer was suspected, the biopsy results provided no evidence of cancer on the collected samples.

I am heart broken for her obvious grief over Ernie. However, I made very diligent efforts to clearly communicate the findings to Monica and I did so in a prompt and timely fashion before she elected to euthanize Ernie.

Please do not hesitate to contact me for any additional information.

Sincerely,

Polina Vishkautsan, DVM



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039
VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM
Carolyn Ratajack
Jarrod Butler, DVM
Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT - Investigations
Marc Harris – Assistant Attorney General

RE: Case: 20-118
Complainant(s): Monica Anne Odgers
Respondent(s): Polina Vishkautsan, D.V.M. (License: 4530)

SUMMARY:

Complaint Received at Board Office: 6/8/20
Committee Discussion: 11/3/20
Board IIR: 12/9/20

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised September
2013 (Yellow).

On May 13, 2020, "Ernie," a 9-year-old male English Bulldog was presented to Dr. Vishkautsan for chronic nasal discharge. Diagnostics were recommended and approved by Complainant. CT scan revealed a mass nearly completely obstructing the nasopharyngeal canal; nasal carcinoma was suspected and a biopsy was obtained.

On May 19, 2020, the biopsy returned non-diagnostic. Dr. Vishkautsan reported the findings to Complainant and that there was not a definitive diagnosis however her main differential was nasal carcinoma. Respondent offered to obtain a new biopsy sample with a different technique; Complainant declined.

Surgery was not recommended and treatment options were offered but declined.

The following day, due to the dog's declining condition Complainant presented the dog to New Frontier Animal Medical Center for humane euthanasia.

Complainant was noticed and appeared telephonically.
Respondent was noticed and appeared telephonically. Attorney David Stoll was present.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Monica Anne Odgers*
- Respondent(s) narrative/medical record: *Polina Vishkautsan, DVM*
- Consulting Veterinarian(s) narrative/medical record: *VCA Apache Animal Hospital*
- Witness(es) statement(s): *VSCOT staff members*

PROPOSED 'FINDINGS of FACT':

1. On February 25, 2020, the dog was presented to Dr. Bertrand at VCA Apache Animal Hospital for unilateral right sided nasal discharge. According to Dr. Bertrand, when antibiotic treatment was unsuccessful, dental radiographs were recommended for better visualization of the nasal cavity.
2. On March 30, 2020, Dr. Bertrand performed thoracic and abdominal radiographs; no masses seen, fibrotic lung changes were noted, and moderate to severe osteoarthritis of the hips.
3. On March 31, 2020, Dr. Bertrand performed blood work – results were within normal limits or deemed not significant, thus the dog was deemed healthy to pursue a dental.
4. On April 9, 2020, Dr. Bertrand performed full mouth dental radiographs and a large soft tissue opacity was noted in the sinus cavity. An imperfection was noted in the mucosal lining of the hard palate which contained hair and debris. The hair and debris was cleaned and flushed – there was no communication between the oral and nasal cavity. After the dental was completed, Dr. Bertrand passed a red rubber catheter through the right nostril and visualized it at the back of the oral cavity. No debris or discharge was noted on the catheter; the nasal cavity was flushed with sterile saline.
5. On April 14, 2020, the dog was presented to Dr. Bertrand for a recheck. She recommended referral to a specialist for advanced diagnostics and possible surgery for the persistent unilateral right sided nasal discharge.
6. Complainant made an appointment with Dr. Drake at New Frontier Animal Medical Center for a second opinion for May 7, 2020. When Dr. Drake's staff called to confirm appointment, Complainant advised that the dog was having difficulty breathing and felt the best option would be to go to a specialist. Staff provided phone numbers to specialist/24 hour emergency services.
7. On May 13, 2020, the dog was presented to Dr. Vishkautsan for evaluation of chronic nasal discharge. Due to COVID-19 restrictions, the dog was brought into the premises by technical staff. Upon exam, the dog had a weight = 51.1 pounds, a temperature = 100.5 degrees, a heart rate = 100bpm, and a respiration rate = 20rpm; Dr. Vishkautsan noted the dog had a thick, whitish-yellow discharge from the right nostril.
8. Dr. Vishkautsan called Complainant with her findings and possible causes for the chronic

nasal discharge – nasal neoplasia, nasal foreign body, nasal fungal disease, chronic inflammatory disease, dental disease, and rare benign polyps. She recommended a CT scan of the dog's head followed by rhinoscopy with possible biopsy. If a biopsy was collected, the dog would stay overnight for respiratory observation due to the likely bleeding as a result of the procedure. Dr. Vishkautsan wanted to schedule the procedure the following week, however, Complainant became upset stating the dog may not last that long as he was already having a hard time breathing, especially at night. An opening in the schedule appeared on May 15, 2020 – Complainant was presented with an estimate with was approved.

9. On May 15, 2020, the dog was presented to Dr. Vishkautsan for a CT scan of the head and possible rhinoscopy and biopsy. Blood was collected for testing and an IV catheter was placed; Plasmalyte was administered. The dog had a weight = 23.2kg, a temperature = 101.3 degrees, a heart rate = 120bpm and a respiration rate = pant. The dog was pre-medicated with butorphanol and dexmedetomidine IV, induced with propofol IV and maintained on isoflurane and oxygen. A CT scan was performed and interpreted by radiologist Dr. Roy. Dr. Roy's interpretation was right-sided nasal neoplasia (suspect carcinoma) with ipsilateral rhinosinusitis and near complete obstruction of the nasopharyngeal canal.

10. Based on the size of the mass, Dr. Vishkautsan elected to forgo the rhinoscopy and proceed to collect blind nasal biopsies from the right nasal passage based on measurements and location obtained from the CT scan. She also decided not to try to collect biopsies from the nasopharyngeal mass because they require the use of a flexible endoscope that usually collect very small and superficial samples that have a higher chance of being non-diagnostic. Additionally, it could irritate the soft palate and exacerbate breathing difficulties in brachiocephalic breeds.

11. Dr. Vishkautsan contacted Complainant while the dog was still under anesthesia with their findings and the main differential of nasal neoplasia due to the dog's signalment, medical history, clinical signs and CT scan findings. Due to the severity of the air flow obstruction by the mass, humane euthanasia was offered. Dr. Vishkautsan also commented that surgery was not a good option for the dog because of the location of the mass; Complainant declined humane euthanasia.

12. Dr. Vishkautsan stated that she attempted to explain to Complainant that the dog was having a hard time breathing through his nose, not because of the right nasal mass, but because of the mass in the nasopharyngeal area. She offered to have Complainant come into the premises, or have a Zoom meeting, so she could explain the severity of the dog's mass location and how it compromised his breathing. Complainant declined.

13. The following day, Dr. Vishkautsan evaluated the dog to ensure the dog was doing well and could be discharged. The dog was discharged with Clavamox and Carprofen, along with discharge instructions detailing possible side effects and Dr. Vishkautsan's personal email.

14. On May 18, 2020, Complainant called to report that the dog was having more difficulty breathing when resting. She was concerned for the dog and wanted Dr. Vishkautsan to call her

back to discuss what she should be looking for to know when it was his time; if it's an emergency and would need to bring the dog in.

15. On May 19, 2020, Dr. Vishkautsan left a message for Complainant. Histopathology was not back at that time.

16. Histopathology: *Diagnosis: Chronic lymphoplasmacytic rhinitis with marked of submucosal gland hyperplasia, cartilage and lamellar bone.*

17. Later that day, Dr. Vishkautsan called Complainant with the results of the biopsy. She explained that it was non-diagnostic since it came back as inflammatory. Dr. Vishkautsan advised that her main differential was still malignant cancer but cannot say with 100% confidence. She offered to resample the mass; Complainant declined as she did not want to put the dog through it again. Due to Complainant's confusion on the location of the masses, Dr. Vishkautsan explained that the dog had a mass in the right nasal passage where she attempted to collect a sample, but most of the dog's respiratory discomfort stems from the nasopharyngeal mass obstructing common air passage.

18. Complainant asked about surgery and why Dr. Vishkautsan did not perform surgery while the dog was under anesthesia. She advised that it was impossible to surgically remove the mass without performing a very invasive intervention that would require a tracheostomy.

19. Dr. Vishkautsan recommended giving the dog the NSAID and keeping the dog quiet. She also offered to evaluate the dog if Complainant felt the dog was not doing well. Complainant reported that the dog was breathing comfortably when relaxed. Dr. Vishkautsan stated that radiation therapy should be considered or palliative care which is a shorter process and less money. In order to perform radiation, a definitive diagnosis would be needed therefore they would need to repeat the sample collection. Complainant relayed that she could not afford radiation and was not interested. Dr. Vishkautsan stated in her narrative that she did not tell Complainant that the dog had cancer. They discussed that despite the lack of tissue diagnosis her main differential was still nasal cancer, primarily nasal carcinoma.

20. After Dr. Vishkautsan got off the phone with Complainant she emailed her the dog's medical records and biopsy report. In the email Dr. Vishkautsan stated that she did not feel the biopsy results were accurate and was worried about carcinoma; they could try to biopsy the dog again. Due to Complainant not wanting to biopsy the dog again, Dr. Vishkautsan recommended to continue the NSAID and restrict activity. Additionally, if the dog continued to collapse or have fainting episodes or respiratory distress, euthanasia should be considered.

21. On May 20, 2020, Complainant had an appointment with Dr. Drake at New Frontier Animal Medical Center at 6:00pm for a second opinion. Earlier in the day, Complainant called to report that the dog was having difficulty breathing and was not sure the dog would live until the scheduled appointment. Complainant was offered an immediate emergency care appointment – Complainant declined and elected to keep her scheduled appointment.

22. When Complainant arrived with the dog, Dr. Drake reviewed the dog's medical records from VSCOT. CT scan of the dog's head revealed right sided calcified mass causing near complete obstruction of the nasopharyngeal canal and moderate turbinate destruction. Dr. Vishkautsan described the lesions as right sided nasal and right and left sided nasopharyngeal tumor. Histopathology was inconclusive for neoplasia but clinical presentation was supportive for carcinoma. According to the dog's medical record, Complainant declined radiation therapy and further surgical biopsy.

23. Dr. Drake evaluated the dog; he had a weight = 52.8 pounds, a temperature = 98.9 degrees, a heart rate = 125bpm and a respiration rate = 40rpm. Dr. Drake noted severe upper airway congestion and the dog experienced syncope multiple times while sitting quietly during consult.

24. According to Dr. Drake, Complainant reported that the dog would stop breathing during the night if she did not hold his head and body in a certain position. Dr. Drake relayed that she read the dog's medical records from VCA Apache Animal Hospital and VSCOT and understood there was a nasopharyngeal mass that was the cause of the dog's respiratory discomfort. During this time, the dog experienced 3 – 4 syncopal episodes that appeared to occur when the dog dropped his chin towards his chest. Complainant asked Dr. Drake for help – Dr. Drake explained that due to the location and the severity of the dog's nasopharyngeal mass, there was nothing she could personally do to help the dog. She asked if Complainant reconsidered going back to VSCOT for radiation; Complainant cited financial constraints.

25. Dr. Drake advised that Dr. Vishkautsan mentioned in the medical records that if the dog continued have syncope, humane euthanasia could be considered. Complainant stated that Dr. Vishkautsan did not discuss euthanasia with her. Dr. Drake asked Complainant how she wanted to proceed; Complainant relayed that she did not want the dog to suffer through another horrible night and requested the dog be humanely euthanized.

26. Dr. Drake went over the euthanasia process with Complainant – the dog would be sedated for comfort, then the euthanasia solution would be administered. Complainant understood and signed the authorization; the dog was sedated with dexdomitor and torbutrol IM and then humane euthanized once adequately sedated.

27. Complainant alleges that Dr. Vishkautsan insisted the dog had cancer and to euthanize him. She stated that she was shocked when she was advised by her regular DVM that the biopsy results came back non-cancerous. Complainant believes that Dr. Drake should have been more diligent in verifying the dog's history and medical records before euthanizing an animal.

COMMITTEE DISCUSSION:

The Committee discussed that trying to perform surgery on the dog would not have helped the dog based on the information provided.

There were concerns of addendums added to the medical record after the complaint was filed but based on the email that was sent by Respondent to Complainant, it was clear she did talk

to her and made her aware of the dog's issues. The Committee felt Complainant may not have understood the severity of the dog's condition and focused on certain terminology to make it seem that the dog's issues were not as serious. A biopsy can be taken and come back as inflammation due to not obtaining tissue where the malignancy is present. There was destruction to the turbinates – it was a destructive type of tumor, whether it was malignant or benign, it was still destructive.

The Committee would have liked to have seen better communication between the veterinary and pet owner, on both sides. The Zoom meeting would have helped Complainant understand the dog's condition – but was declined. Additionally, Respondent stopped during the procedure to call Complainant to let her know what she was seeing and to give her options. Therefore it appeared to be some misunderstanding on Complainant's part and she did not understand how severe the dog was. She was advised that the dog's condition was inoperable and then went to get a second opinion – which is understandable. It seemed there was an unwillingness to accept the severity of the dog's disease on Complainant's part.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division